

Department of Behavioral Health, Developmental and Intellectual Disabilities
COMMUNITY MEDICATIONS SUPPORT PROGRAM
FOR ADULTS WITH A SEVERE MENTAL ILLNESS
GUIDELINES EFFECTIVE 7/1/13

The Community Medications Support Program for Adults (CMSPA) with a severe mental illness is a joint effort involving participating state operated and contracted Psychiatric Hospitals (Hospitals), the Community Mental Health Centers (Centers), community pharmacies, and the Department for Mental Health and Mental Retardation Services (DBHDID). The overall goal of the adult program is to assist adults with a severe mental illness, who have no other means of purchasing medications, to obtain prescribed psychotropic medications.

The Centers determine client eligibility. The Center physician prescribes psychotropic medications that are filled at a participating community pharmacy. The Centers then order replacement medications for the community pharmacies from the participating state operated or contracted psychiatric Hospitals. The participating Hospitals then distribute these replacement medications to the Centers and/or community participating pharmacies. The following state operated or contracted psychiatric Hospitals serve the following Centers in this program:

Participating Hospital	CENTER
Western State Hospital:	Region 1 Four Rivers Behavioral Health Region 2 Pennyroyal Regional Mental Health/Mental Retardation, Board Inc. Region 3 River Valley Behavioral Health Region 4 LifeSkills, Inc.
Central State Hospital:	Region 5 Communicare, Inc. Region 6 Seven Counties Services, Inc.
Eastern State Hospital:	Region 7 NorthKey Community Care Region 8 Comprehend, Inc. Region 9/10 Pathways, Inc. Region 11 Mountain Comprehensive Care Center Region 12 Kentucky River Community Care Region 13 Cumberland River Comprehensive Care Center Region 14 The Adanta Group Region 15 Bluegrass Regional Mental Health/Mental Retardation Board, Inc.

I. THE ADULT COMMUNITY MEDICATION SUPPORT PROGRAM SHALL:

- Assist adults with a severe mental illness, who have no other means of purchasing medications, to obtain prescribed psychotropic medications.
- Minimize or eliminate consumer complaints.
- Provide adequate consumer access to community pharmacies to obtain psychotropic medication.
- Assure that the only cost to the consumer is the prescription dispensing (fill) fee, which may not exceed the maximum of \$6.
- Require that participating consumers meet the following basic eligibility requirements, or have a written, approved waiver:
 - Severe mental illness (age, diagnosis, disability, and duration)
 - Most current Health and Human Services Poverty Guidelines at 100% Percent of Poverty, and

- not eligible for Medicare, not eligible for Medicaid, not capable of self pay, and do not have a third party payer for psychotropic medication.

II. FUNDING

Annual allotments to the Community Mental Health Centers are primarily based on available funding, population, utilization, and flexibility of funds. The following factors are also considered: hold harmless provision; percent of clients with Center approved waivers; prior and current year expenditures; use of pharmaceutical company indigent program samples and/or vouchers; and compliance with program guidelines.

- A. **Allotments consist of funds in the participating state operated or contracted psychiatric Hospital budgets that are converted to medications ordered by the Community Mental Health Centers for CMSP participants.** The medications are then sent to participating community pharmacies to replace medications filled through the Community Medications Support Program.
- B. Each fiscal year, DBHDID notifies the Centers of their annual allotment. **DBHDID CANNOT ASSURE ANY FUNDS ABOVE EACH CENTER'S FISCAL YEAR ALLOTMENT.** Centers are responsible for managing their program orders. When the annual allotment has been used, the Center must notify, in writing, the participating Hospital and DBHDID of the intention to reimburse the Hospital pharmacy budget for any medication orders exceeding the Center allotment. The Center will submit a check to cover costs in excess of the allotment at the close of the state fiscal year (June 30th) payable to the Hospital distributing the medications. Centers may negotiate a payment plan with the participating Hospitals.
- C. **Centers shall make every effort to assist consumers to obtain medications from other available sources** such as the pharmaceutical company vouchers, samples or their indigent programs and Health Kentucky, Inc. (Kentucky Physicians Care) prior to using the Community Medications Support Program funds.

Kentucky Prescription Assistance Program (KPAP) licenses were provided to all CMHC's in 2011. The implementation of KPAP resulted as a means to streamline the PAP application process & increase PAP utilization for clients. In addition, it allows access to multiple reports and much needed data collection around medications management.

All KPAP Technical Support inquiries should be directed to the KPAP main office or to one of the Local KPAP Community Organizers listed below:

**Department of Public Health
Health Care Access Branch
(502) 564-8966**

Local KPAP Community Organizers:
Carol Baldwin – Central Kentucky
(270) 401-3842
Carol.baldwin@ky.gov

Bryant Hileman – Western Kentucky
(270) 254-1541
Bryant.hileman@ky.gov

Deanna Jessie – Eastern Kentucky
(606) 264-2819
Deanna.jessie@ky.gov

- D. **The dispensing (“fill”) fee amount the consumer pays to obtain a prescription in this program shall not exceed six dollars (\$6.00) per prescription.** If a pharmacy demands more than \$6.00, a written waiver must be obtained from DBHDID. Centers are encouraged to negotiate the lowest dispensing fee possible for the consumer.
- E. After the third quarter, DBHDID Medications Management Team will review all quarterly reports and project end of year CMSP fund balances.

III. CLIENT ELIGIBILITY CRITERIA

The Center shall document, at least annually, that the clients participating in the CMSPA meet the eligibility criteria which includes severe mental illness (age, diagnosis, disability and duration) and Finances, or have a Center approved waiver.

- A. The Community Medications Support Program for Adults (CMSP) is an extremely limited source of funding intended to enable individuals with little or no resources the ability to obtain needed psychiatric medications. Individuals with access to pharmaceutical benefits from other sources must therefore be excluded from participation in the CMSP. Those excluded include:
- Individuals who are Medicare (Title XVIII) beneficiaries;
 - Individuals who are Medicaid (Title XIX) beneficiaries;
 - Individuals who have a pharmaceutical benefit as part of any third-party health insurance policy;
 - Individuals who can obtain needed medications through samples or indigent support programs sponsored by pharmaceutical companies;
 - Individuals who are under eighteen years of age (a separate medication program is available for children).
- B. **Severe Mental Illness Criteria: Age, Diagnosis, Disability and Duration**
Adult clients are eligible for the program if they meet the criteria for severe mental illness (SMI) which is determined by age, diagnosis, disability and duration noted below and on the attached Adult ***with SMI Operational Description***:
1. **Age**: Age 18 or older
 2. **Diagnosis**: Client has one of the following DSM-IV eligible codes:
 - Schizophrenia and Other Psychotic Disorders: 295.xx, 297.1, 298.9
 - Mood Disorders: 296xx
 - Other (DSM # _____) within state and federal guidelines for SMI

3. **Disability** -- Clear evidence of functional impairment in **two or more** of the following domains:
- **Societal/Role Functioning**: Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores.
 - **Interpersonal Functioning**: How well the person establishes and maintains personal relationships. Relationships include those made at work and in the family settings as well as those that exist in other settings.
 - **Daily Living/Personal Care Functioning**: How well the person is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture.
 - **Physical Functioning**: Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries.
 - **Cognitive/Intellectual Functioning**: Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating.
4. **Duration** - **One or more** of the following shall apply:
- Clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least two (2) years.
 - The individual has been hospitalized for mental illness more than once in the last two (2) years.
 - There is a history of one or more episodes with marked disability and the illness is expected to continue for a two year period of time.

C. **Financial Eligibility Criteria for Adults**

DEPARTMENT OF HEALTH AND HUMAN SERVICES 2013 POVERTY GUIDELINES			
Person in Family or Households	Federal Register, Vol. 77, No. 17 January 26, 2012		
	100% of Poverty	125% of Poverty	150% of Poverty
1	\$11,170	\$13,963	\$16,755
2	\$15,130	\$18,913	\$22,695
3	\$19,090	\$23,863	\$28,635
4	\$23,050	\$28,813	\$34,575
5	\$27,010	\$33,763	\$40,515
6	\$30,970	\$38,713	\$46,455
7	\$34,930	\$43,663	\$52,395
8	\$38,890	\$48,613	\$58,335
*families greater than 8	(100% add \$3,960)	(125% add \$4,950)	(150% add \$5,940)

D. **Eligibility Waivers for Severe Mental Illness (diagnosis, disability, duration) or finances may be granted at the discretion of each Center and shall include at least the following information:**

- type of waiver: SMI (diagnosis, disability, duration) and/or financial; and
- a concise reason waiver is requested; and
- the length of time for which each waiver is granted (expiration date); and
- Approval signatures of Center designated staff.

Each Center shall designate a staff person who is authorized to coordinate and approve client eligibility waiver requests.

Formulary Exception Requests can be made to the Department for the use and purchase of medications that are not on the CMSP formulary or available through a Patient Assistance Program (PAP). These requests will be reviewed by the DBHDID Formulary Committee and granted on a case by case basis. The Formulary Committee's designated pharmacy coordinator will maintain a record of the exception requests. The coordinator will monitor the requests, perform trend analysis and make recommendations for formulary changes based on patterns.

Non-formulary drugs should be used only if the patient fails to respond to formulary drug therapy, has an adverse reaction to formulary drug, or has other special circumstances requiring the use of a non-formulary drug. **To request an exception, please complete the CMSP Formulary Exception Form in its entirety (attached) and email to Meg Link at: meg.link@ky.gov; or via fax: (502) 564-5478. A hard copy can be mailed to: DBHDID, Attn: Meg Link, CMSP Formulary Exception, 100 Fair Oaks Ln., Frankfort, KY 40601.**

Requests will be reviewed by the Formulary Committee. You will be notified of a decision within 5 business days. Approvals will not be granted for medications that are not MMCAP contract items or for medications available through a PAP. It is the responsibility of the CMHC to inform the participating hospital of all formulary exception approvals.

Reasons why a physician may grant an exception include:

- allergy/adverse reaction of the member to formulary product
- treatment failure with a formulary drug
- The choices available in the drug formulary are not suited for the present patient care need and the drug selected is required for patient safety.
- The use of a formulary drug product may provoke an underlying medical condition, which would be detrimental to patient care

IV. Medications

The State Community Medications Support Program Formulary Committee (CMSPFC) will maintain a dated, approved Community Medications Support Program Statewide Formulary using generic and trade names. Only medications listed on the current CMSP Statewide Formulary may be ordered for replacement by the Centers and/or those approved through an exception request. The State CMSP Formulary Committee shall be comprised of the following members or their designees: the DBHDID Medical Director; DBHDID pharmacy staff; as well as contracted medical staff. The DBHDID Medical Director or designee will be responsible for convening & conducting meetings as necessary and will serve as the administrator of the Formulary Committee. The Formulary Committee will designate a pharmacy coordinator to maintain the CMSP statewide formulary, track formulary exception requests and make recommendations for formulary changes based on trending analysis. Meeting updates will be shared with the CMSP program staff who will disseminate to the Regional Coordinators.

- A. Centers shall use the State Community Medications Support Program Statewide Formulary to order CMSP medications.** Any request(s) for new or different medications to be included in the CMSP Statewide Formulary shall be submitted in writing to the regional Hospital Pharmacy Director who will submit the requests to the pharmacy staff and/or Medical Director of the State CMSP Formulary Committee. The DBHDID formulary staff will determine the format and process to address these requests. All formulary decisions will be sent in writing to the Center's CMSP Coordinator, Center Executive Directors, the Directors of the participating Hospitals, and the participating Hospital Pharmacy Directors. DBHDID pharmacy staff and/or DBHDID medical staff will oversee the formulary and will review annually for accuracy and update accordingly.
- B. Centers shall order medications** that are listed on the State Community Medications Support Program Formulary from their assigned participating Hospital on a **MONTHLY** basis. Centers must avoid sporadic orders that combine multiple months and create unusually large orders. The CMSP formulary contains a "Cost" column. These costs are captured on the day the formulary is revised. Costs for medications can fluctuate daily. Therefore, **the Hospital pharmacy will charge the actual cost of each medication ordered by the Center when the Center's order is filled.** The Hospital will submit a CMSP Monthly Hospital Report to the DBHDID and the CMHC, which will document the actual cost of medications ordered and replaced.

- C. **Medications ordered through the CMSP are for the sole purpose of replacing medications filled by participating community pharmacies.** Stocking pharmacies in advance is unacceptable practice for the CMSP.
- D. **Each Center is expected to be aware of the CMSP medication inventory at each participating community pharmacy.** CMSP Medications in unbroken manufacturer's original packaging, which will be outdated within six months, may be returned to the regional Hospital for exchange or credit. Medications in an open container may not be returned for exchange or credit.
- E. **Second Generation Antipsychotic (atypical antipsychotic) medications should only be ordered through this program when all other funding sources have been exhausted.** Centers must first assure and document that:
- Client does not have a third party payer (Medicaid; Medicare; private insurance; etc.); and
 - Pharmaceutical company samples or vouchers are not available; and
 - Client is not eligible for pharmaceutical company indigent programs.

Every effort should be made to obtain funds for second generation antipsychotic (atypical antipsychotic) medications through funds other than the Community Medications Support Program and these efforts should be documented and maintained in the Center's CMSP central file.

Centers shall use the Statewide CMSP Formulary for participants in the Community Medications Support Program.

Centers will submit monthly CMSP medication replacement orders that are consistent with the CMSP Statewide Formulary to the Hospital pharmacies.

The Community Medications Support Program shall be the payer of last resort for any second-generation antipsychotic medication.

V. DOCUMENTATION and REPORTING REQUIREMENTS

A. Community Mental Health Centers

1. **Client Eligibility: The Center must assure and document that each participant meets the eligibility criteria (age, SMI diagnosis, disability and duration, and financial) or has an approved waiver at least once during each state fiscal year (July 1 – June 30).** The original completed form should be filed in the client's record. (Sample form attached)
2. **Eligibility Waivers for SMI (for diagnosis, disability, and/or duration, not age) or finances may be granted at the discretion of each Center** and shall include at least the following information:
 - type of waiver: SMI (diagnosis, disability, duration) and/or financial; and
 - a concise reason waiver is requested; and
 - the length of time for which each waiver is granted (expiration date); and
 - approval signatures of Center designated staff.
 - Non-formulary waiver requests

3. **CMSPA Coordinator:** Centers shall provide DBHDID with the name of the staff person chosen to be the CMSPA Coordinator for Adults.
4. **CMSPA Guidelines:** Each Center shall adopt these guidelines and may develop their own written Community Medications Support Program guidelines within the scope of these policies. Center specific guidelines must receive written approval by the DBHDID CMSPA Administrator prior to implementation.
5. **Monthly CMSP Pharmacy Orders:** Centers shall order medications from their assigned participating Hospital pharmacy on a MONTHLY basis on a form that has received prior approval from their participating Hospital pharmacy. These orders may be combined with the Children CMSP orders. Centers must avoid sporadic orders that combine multiple months and create unusually large orders.
6. **CMSPA Central File:** The Center shall maintain a Community Medications Support Program central file (hardcopy or computer) which shall contain at least the following:
 - Copies of completed client eligibility forms (Sample Form attached); and
 - Copies of all Center approved waivers; and
 - the method of differentiating Community Medications Support Program prescriptions and refills from other prescriptions written by the Center; and
 - the process to identify when a CMSP participant becomes eligible for Medicaid or another third party payer and to discontinue their CMSP participation; and
 - the approved Center guidelines for this program, if applicable; and
 - documentation to support that all other attempts for funding of second generation antipsychotic medications were made; and
 - Copies of completed CMSP order forms submitted to the participating Hospital along with copies of the related CMSP Monthly Hospital Report.
 - CMSP medications inventory at each participating local pharmacy
7. **Compliance:** Failure to meet documentation requirements may result in replacement medications being withheld. Also, as previously noted, Centers operating their program in compliance with these guidelines will be given priority for additional fund considerations. All files should be maintained for a period of two years.
8. **Reporting:** All Centers shall report the following information on an annual basis by July 31st for the preceding year for both CMSP and PAP programs. (KPAP can be used to generate the required reports if it is being used to determine eligibility and track these programs).
 - **Number and types of prescriptions filled;**
 - **Total Cost and Average Cost per prescription;**
 - **Number of recipients served**

B. Participating State Operated or Contracted Psychiatric Hospitals

1. **Monthly Center CMSP Pharmacy Orders:** Each participating Hospital shall approve a monthly CMSP medication order form for each Center. Centers shall complete and submit their CMSP

medication orders on a MONTHLY basis, on the approved form, to the assigned participating Hospital pharmacy (electronic or hard copy).

2. **Monthly Hospital Reports:** Each participating Hospital shall develop a CMSP Monthly Hospital Report format that is approved by the DBHDID. Information for each region shall include each Center's actual cumulative CMSP replacement order expenditures and each Centers CMSP allocation balance.

Each Hospital shall submit the completed Community Medications Support Program Monthly Hospital Report Form (electronic or hard copy) to the Department for Mental Health and Mental Retardation Services and to the Center by the 15th day of the following month:

Mail to:

Rachel Cox

Div. of Administration & Financial Management

Department for Mental Health/Mental Retardation

100 Fair Oaks Lane, 4th Floor

Frankfort, Kentucky 40621-0001

Or E-mail: rachel.cox@ky.gov

VI. Monitoring

Monitoring of the Community Medications Support Program is vested in the Department for Mental Health and Mental Retardation Services or its designee. The monitoring of this program will be based on compliance with the guidelines of the Community Medications Support Program. The DBHDID will monitor CMSP expenditures on a monthly basis and review all quarterly reports. On site monitoring will occur at DBHDID's discretion. The Center or Hospital will be notified if problems exist and will be responsible for correcting each problem.

ADULT WITH SERIOUS MENTAL ILLNESS

Operational Description

All Four (4) criteria are typically met:

Criteria	Notes
AGE	<ul style="list-style-type: none">o Age 18 or older
DIAGNOSIS	<ul style="list-style-type: none">o Major Mental Illness<ul style="list-style-type: none">• Schizophrenia (DSM 295.xx, 297.1, 298.9)• Mood Disorder (296.xx)• Other (DSM _____) within State and Federal Guidelines for Severe Mental Illness
DISABILITY	<ul style="list-style-type: none">o Clear evidence of functional impairment in <u>two or more</u> of the following domains:<ul style="list-style-type: none">• Societal/Role Functioning: Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores.• Interpersonal Functioning: How well the person establishes and maintains personal relationships. Relationships include those made at work and in the family settings as well as those that exist in other settings.• Daily Living/Personal Care Functioning: How well the person is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture.• Physical Functioning: Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries.• Cognitive/Intellectual Functioning: Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating.
DURATION	<ul style="list-style-type: none">o One or more of these conditions of duration:<ul style="list-style-type: none">• Clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least two (2) years.• The individual has been hospitalized for mental illness more than once in the last two (2) years.• There is a history of one or more episodes with marked disability and the illness is expected to continue for a two-year period of time.

**COMMUNITY MEDICATION SUPPORT PROGRAM for ADULTS
CLIENT ELIGIBILITY CRITERIA**

Client ID

____/____/_____
DOB

Center

A. Exclusions

Client is currently eligible for Medicaid, Medicare or other third party medication insurance coverage

____ Yes ____ No



Client may not receive CMSPA medications if the answer to A is Yes. If yes, you can stop completing this form, client is not eligible for CMSPA.

B. Meets Adult with a Severe Mental Illness criteria (age, diagnosis, disability and duration)

____ Yes ____ No

Criteria:

Yes No

____ ____ Age 18 or older

____ ____ Diagnosis (DSM IV)

a. Schizophrenia _____

b. Mood Disorder _____

c. Other, within state and Federal Guidelines for Severe Mental Illness (SMI) # _____

____ ____ Disability (clear evidence of functional impairment in two or more domains in CMSPA guidelines)

____ ____ Duration (meets one or more criteria in CMSPA guidelines)

B. Meets financial eligibility criteria: most current Health & Human Services Poverty Guidelines.

____ Yes ____ No

C. Waiver: The Center may document and approve a waiver if any item in Section B or C above has "NO" checked. Waiver documentation requirements are listed in Section III of the CMSPA Guidelines.

____ Yes ____ No

Person who determined eligibility

Date

Center Approval

Date

PLEASE KEEP THIS INFORMATION in Center's CENTRAL CMSPA FILE